2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90010 002 ***150.00

DOCUMENT # P95000061581

1. Entity Name: QUICK MEDICAL ENTERPRISES INC

Principal Place of Business: 9806 NW 80 Ave #12K HiALEAH GARDENS Fl. 33016

Mailing Address: 9806 NW 80 Ave #12K HiALEAH GARDENS 33016

2. Principal Place of Business: 7760 NW 20 AVE

Suite, Apt. #, etc.: #20

City & State: HiALEAH Fl.

Zip: 33016 Country: DADE

3. Mailing Address: 7760 NW 20 AVE

Suite, Apt. #, etc.: #20

City & State: HiALEAH

Zip: 33016 Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0595484 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

JESUS R. GARCIA
9806 NW 80 AVE #12K
HiALEAH GARDENS, Fl. 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00 After MAY 1, 2000 Fee Will Be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PV	☐ Delete
NAME	JESUS R. GARCIA	
STREET ADDRESS	9806 NW 80 AVE 12K	
CITY-ST-ZIP	HiALEAH GARDENS Fl. 33016	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/28/00 (305) 819-0866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #